

Department of Veterans Affairs		STATE HOME INSPECTION (Standards - Nursing Home Care)	
INITIAL SURVEY	RE-SURVEY	DATE SURVEYED 08/17-21/2009	REPORTS CONTROL NUMBER EXEMPT
NAME OF FACILITY <i>Street Address, City, County, State, Zip Code</i>			
California Veterans Home, Yountville, CA			
SURVEYED BY <i>(VHA Field Activity of Jurisdiction)</i> San Francisco VA Medical Center			
SURVEYORS NAME AND CORRESPONDENCE SYMBOL			
1. Sonia Olivar, R.N.	6. Kevin Rayburn, RD	11.	
2. Marilyn Welch, R.N.	7. Kathleen May, LCSW	12.	
3. Lisa Proffitt, PharmD.	8. Ruth Patience-Midcap, RN	LEGEND: M=Met; P=Provisional Met; N=Not Met; NA=Not Applicable	
4. Miryam Ramos	9.		
5. Karen Arnold, RD	10.		
STANDARDS FOR NURSING HOME CARE		CHOOSE ONE	EXPLANATORY STATEMENTS

<p>§ 51.210 Administration</p> <p>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident.</p> <p>a. Governing body:</p> <ol style="list-style-type: none"> 1. The State must have a governing body, or designated person functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and 2. The governing body or State official with oversight for the facility appoints the administrator who is: <ol style="list-style-type: none"> i. Licensed by the State where licensing is required; and ii. Responsible for operations and management of the facility. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
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<p>b. Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group (114), VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change:</p> <ol style="list-style-type: none"> 1. The State agency and individual responsible for oversight of a State home facility. 2. The State home administrator; 3. The State employee responsible for oversight of the State home facility if a contractor operates the State home. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>C 7. Annual State Fire Marshall's report.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>c. State official must sign four certificates</p> <ol style="list-style-type: none"> 8. Annual certification from the responsible State agency showing compliance with Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112) (VA Form 10-0143A set forth at § 51.224); 9. Annual certification for Drug-free Workplace Act of 1988 (VA Form 10-0143 set forth at § 51.225); 10. Annual certification regarding lobbying in compliance with Public Law 101-121 (VA Form 10-0144 set forth at § 51.226); 11. Annual certification of compliance with Title VI of the Civil Rights Act of 1964 as incorporated in Title 38 CFR 18.1-18.3 (VA Form 27-10-0144A located at § 51.227); 	<p><u>(M) MET</u></p> <p>M P N NA</p> <p><u>(M) MET</u></p> <p>M P N NA</p> <p><u>(M) MET</u></p> <p>M P N NA</p> <p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>d. Percentage of Veterans. The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veterans residents must be spouses of veterans or parents all of whose children died while serving in the armed forces of the United States.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

e. Management Contract Facility. If a facility is operated by an entity contracting with the State, the State must assign a State employee to monitor the operations of the facility on a full-time onsite basis.	<u>(M) MET</u> M P N NA	
f. Licensure. The facility and facility management must comply with applicable State and local licensure laws.	<u>(M) MET</u> M P N NA	
g. Staffing qualifications: 1. The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements 2. Professional staff must be licensed, certified, or registered in accordance with applicable State laws.	<u>(M) MET</u> M P N NA	
h. Use of Outside Resources: 1. If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h) (2) of this section. 2. Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for: i. Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and ii. The timeliness of the service.	<u>(M) MET</u> M P N NA	
i. Medical Director: 1. The facility management must designate a primary care physician to serve as medical director. 2. The medical director is responsible for: i. Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services;	<u>(M) MET</u> M P N NA	

<ul style="list-style-type: none"> ii. Directing and coordinating medical care in the facility; iii. Helping to arrange for continuous physician coverage to handle medial emergencies; iv. Reviewing the credentialing and privileging process; v. Participating in managing the environment by reviewing and evaluating incident reports or summarizes of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and vi. Monitoring employees' health status and advising the administrator on employee health policies. 	Refer to rating above	
<p>j. Credentialing and privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologist, physician assistants, nurse practitioners, licensed nurses to provide patient care services in or for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance.</p> <ul style="list-style-type: none"> 1. The facility management must uniformly apply Credentialing criteria to licensed independent practitioners applying to provide resident care or treatment under the facility's care. 2. The facility management must verify and uniformly apply the following core criteria: Current licensures; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide. 3. The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credential's file must indicate that these criteria are uniformly and individually applied. 4. The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. 5. When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

6. The facility management systemically must assess whether individuals with clinical privileges act within the scope of privileges granted.	Refer to rating above	
<p>k. Required training of nursing aides.</p> <p>1. Nurse aide means any individual providing nursing or nursing-related services to residents in a facility who is not a licensed health professional, a registered dietitian, or a volunteer who provide such services without pay.</p> <p>2. The facility management must not use any individual working in the facility as a nurse aide whether permanent or not unless:</p> <p>i. That individual is competent to provide nursing and nursing related services; and</p> <p>ii. That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>3. Registry verification. Before allowing an individual to serve as a nurse aide, facility management must receive registry verification that the individual has met competency evaluation requirements unless the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.</p> <p>4. Multi-State registry verification. Before allowing an individual to serve as a nurse aide, facility management must seek information from every State registry established under HHS regulations at 42 CFR 483.156 which the facility believes will include information on the individual.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<p>5. Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p> <p>6. Regular in-service education. The facility management must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must:</p> <ul style="list-style-type: none"> i. Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; ii. Address areas of weakness as determined in nurse aide's performance reviews and may address the special needs of residents as determined by the facility staff; and iii. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>l. Proficiency of nurse aides. The facility management must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>m. Level B Requirement Laboratory services.</p> <p>1. The facility management must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services:</p> <ul style="list-style-type: none"> i. If the facility provides its own laboratory services, the services must meet all applicable certification standards, statutes, and regulations for laboratory services. ii. If the facility provides blood bank and transfusion services, it must meet all applicable certification standards, statutes and regulations. iii. If the laboratory chooses to refer specimens for 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

testing to another laboratory, the referral laboratory		
<p>must be certified in the appropriate specialties and subspecialties of services and meet certification standards, statutes, and regulations.</p> <p>iv. The laboratory performing the testing must have a current, valid CLIA number (Clinical Laboratory Improvement Amendments of 1988). The facility management must provide VA surveyors with the CLIA number and a copy of the results of the last CLIA inspection.</p> <p>v. Such services must be available to the resident seven days a week, 24 hours a day.</p> <p>2. The facility management must:</p> <p>i. Provide or obtain laboratory services only when ordered by the primary physician;</p> <p>ii. Promptly notify the primary physician of the findings;</p> <p>iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and</p> <p>iv. File in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory.</p>	<p>See rating above</p> <p>Provide CLIA#/Report</p>	
<p>n. Radiology and other diagnostic services.</p> <p>1. The facility management must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>i. If the facility provides its own diagnostic services, the services must meet all applicable certification standards, statutes, and regulations.</p> <p>ii. If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services. The services must meet all applicable certification standards, statutes, and regulations.</p> <p>iii. Radiologic and other diagnostic services must be available 24 hours a day, seven days a week.</p> <p>2. The facility management must:</p> <p>i. Provide or obtain radiology and other diagnostic services only when ordered by the primary physician;</p> <p>ii. Promptly notify the primary physician of the</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

findings; iii. Assist the resident in making transportation arrangements to and from the source of service, if the resident needs assistance; and iv. File in the resident's clinical record signed and dated reports of x-ray and other diagnostic services.	See rating above	
<p>o. Clinical Records.</p> <p>1. The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practices that are:</p> <p>i. Complete; ii. Accurately documented; iii. Readily accessible; and iv. Systematically organized.</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on review of clinical records, the facility failed to ensure that records were complete and accurate. Findings include: The facility's policy on documentation dated 4/20/07 states: "Error correction: Errors are lined out using a single line (do not obliterate entry), the word 'error' is recorded, and the writer's initials are recorded next to the entry." Resident no. 5's record contained an entry for 6/29/09 that had a blood pressure and weight that were written over and difficult to read.</p> <p>The clinical records for Residents nos 4,7,17,18,19,20,21,22 and 23 found write-overs in varying documents such as:</p> <p>1. Wound assessment- date of wound re-assessment alteration affecting compliance with own policy and procedure i.e. reassessment of existing pressure ulcer every 7 days -write over on wound measurement making wound appear bigger than actual size most probably warranting reassessment - site of wound with write over leading to confusion with the location of the wound , it is the right or the left side of the body</p> <p>2. MDS-write over on the assessment reference date created difference on the look back date/assessment period therefore discrepancy with assessment thus impacting data accuracy, timeliness of assessment. -MDS coding write over in certain sections resulting to difference in triggered areas in RAP Problem Area, Quality Indicator, Quality Measure, RUG score -MDS- reason for assessment alteration</p> <p>3. Daily Patient Care Checklist- resident's bowel elimination recording 4. MAR 5. Enteral Therapy Record- altered residual check volume documentation 6. Post Fall notes 7. Admission assessment 8. Interdisciplinary progress notes 9. MD's progress notes</p> <p>Plan of Correction: The facility will continue to maintain clinical records on each resident in accordance with accepted professional standards and practices. During a facility wide unit based staff meeting, covering all shifts, inservice will be held presenting the VH Policy 04-058 Documentation Standards. This will focus on the approved practice of correcting errors in the medical record, using a single line and noting as an "error". Staff will acknowledge their understanding by signing the inservice attendance record.</p> <p>Monitor: SRN's on a monthly basis, will randomly review medical records for completeness, accuracy, organization, and will address any identified issues. During the 24-hour daily audit performed by the night shift, staff will</p>

		review the medical records for completeness, approved practice for correcting errors with a single line and noting as an "error" and ensure errors are corrected. Completion Date 10/23/09
2. Clinical records must be retained for: i. The period of time required by State law; or ii. Five years from the date of discharge when there is no requirement in the State law.	<u>(M) MET</u> M P N NA	
3. The facility management must safeguard clinical record information against loss, destruction, or unauthorized use;	<u>(M) MET</u> M P N NA	
4. The facility management must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by: i. Transfer to another health care institution; ii. Law; iii. Third party payment contract; or iv. The resident.	<u>(M) MET</u> M P N NA	
5. The Clinical record must contain: i. Sufficient information to identify the residents; ii. A record of the resident's assessments; iii. The plan of care and services provided; iv. The results of any pre-admission screening conducted by the State; and v. Progress notes.	<u>(M) MET</u> M P N NA	
p. Quality assessment and assurance. 1. Facility management must maintain a quality assessment and assurance committee consisting of: i. The director of nursing services; ii. A primary physician designated by the facility; and iii. At least three other members of the facility's staff.	<u>(M) MET</u> M P N NA	
2. The quality assessment and assurance committee:	<u>(M) MET</u>	

<ul style="list-style-type: none"> i. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and ii. Develops and implements appropriate plans of action to correct identified quality deficiencies; and 	M P N NA	
3. Identified quality deficiencies are corrected within an established time period.	<u>(M) MET</u> M P N NA	
q. Disaster and emergency preparedness. <ul style="list-style-type: none"> 1. The facility management must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents. 	<u>(M) MET</u> M P N NA	
<ul style="list-style-type: none"> 2. The facility management must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures. 	<u>(M) MET</u> M P N NA	
r. Transfer agreement. <ul style="list-style-type: none"> 1. The facility management must have in effect a written transfer agreement with one or more hospitals that reasonably assures that: <ul style="list-style-type: none"> i. Residents will be transferred from the nursing home to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the primary physician; and ii. Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the nursing home or the hospital, will be exchanged between the institutions. 2. The facility is considered to have a transfer agreement in effect if the facility has an agreement with a hospital sufficiently close to the facility to make transfer feasible. 	<u>(M) MET</u> M P N NA	
	See rating above	

u. Intermingling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care.	<u>(M) MET</u> M P N NA	
§ 51.40 Monthly Payment. a. 1. VA will pay per diem monthly for nursing home care provided to an eligible veteran in a facility recognized as a State home for nursing home care. During Fiscal Year 2000, VA will pay the lesser of the following: i. one-half of the costs of the care for each day the veteran is in the facility, or ii. \$50.55 for each day the veteran is in the facility.	<u>(M) MET</u> Refer to VA Fiscal Audit Report M P N NA	
2. Per diem will be paid only for the days that the veteran is a resident at the facility. For purposes of paying per diem, VA will consider a veteran to be a resident at the facility during each full day that the veteran is receiving care at the facility. VA will not deem the veteran to be a resident at the facility if the veteran is receiving care outside the State home facility at VA expense. Otherwise, VA will deem the veteran to be a Resident at the facility during any absence from the facility that last no more than 96 consecutive hours. This absence will be considered to have ended when the veteran returns as a resident if the veteran's stay is for at least a continuous 24-hour period.	<u>(M) MET</u> M P N NA	
b. Total per diem costs for an eligible veteran's nursing home care consist of those direct and indirect costs attributable to nursing home care at the facility divided by the total number of patients (veterans + non-veterans) at the nursing home. Note: Fiscal audit should review and validate the total per diem cost report on VA Form 10-5588 in column 14L.	<u>(M) MET</u> M P N NA	
§ 51.70 Resident Rights The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility management must protect and promote the rights of each resident, including each of the following rights: a. Exercise of rights. 1. The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the	<u>(N) Not Met</u> M P N NA	Based on observation, the facility failed to keep residents free of physical restraint. Findings include: Two out of five residents in the memory care center were observed by the surveyor as unable to easily release seat belts/ mobility monitor belts, restricting their freedom of movement or normal access to one's body. Upon record review there was no documentation proving informed consent for physical restraint usage was obtained. Plan of Correction: The facility will continue to protect and promote the

<p>United States.</p> <ol style="list-style-type: none"> 2. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility management in exercising his or her rights. 3. The resident has the right to freedom from chemical or physical restraint. 4. In the case of a resident determined incompetent under the laws of a State by a court of jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. <p>In the case of a resident who has not been determined incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.</p>		<p>rights of each resident and keep residents restraint free. All residents using self releasing belts in the Memory Care Center were reassessed for their ability to self release their lap belts. The two residents observed were identified as unable to self release and now have physician orders for the use of a restraint, consent for the use of restraints, and nursing care plans were updated reflecting the safe use of restraints.</p> <p>During a facility wide unit based staff meeting, covering all shifts, in-service will be held presenting the VH Policy 18-040 Physical Restraints and VH 18-041 Restraint Reduction. This will focus on the reduction in the use of restraints, residents' right to be restraint free, required documentation in the use of restraints, weekly monitoring for self releasing belts and need for return demo by residents. Staff will acknowledge their understanding by signing the inservice record.</p> <p>Monitor: All residents currently using self releasing lap belts will be evaluated on a weekly basis by the licenced nurse to assess their ongoing ability to self release. Any residents that are unable to self release will be reassessed for the necessity of the use of ongoing restraints.</p> <p>Completion Date 10/23/09</p>
<p>b. Notice of rights and services.</p> <ol style="list-style-type: none"> 1. The facility management must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Such notification must be made prior to or upon admission and periodically during the resident's stay. 2. The resident or his or her legal representative has the right: <ol style="list-style-type: none"> i. Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and ii. After receipt of his or her records for review, to purchase at a cost not to exceed the community 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>standard photocopies of the records or any portions of them upon request and with 2 working days advance notice to the facility management.</p> <ol style="list-style-type: none"> 3. The resident has the right to be fully informed in language that he or she can understand of his or her total health status; 4. The resident has the right to refuse treatment, to refuse to 	<p>See rating above</p>	

<p>participate in experimental research, and to formulate an advance directive as specified in paragraph (b)(7) of this section; and</p> <p>5. The facility management must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services to be billed to the resident.</p> <p>6. The facility management must furnish a written description of legal rights which includes:</p> <ul style="list-style-type: none"> i. A description of the manner of protecting personal funds, under paragraph (c) of this section; ii. A statement that the resident may file a complaint with the State (agency) concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. <p>7. The facility management must have written policies and procedures regarding advance directives (e.g., living wills). These requirements include provisions to inform and provide written information to all residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. If an individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating conditions) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility management is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p>	See rating above	
<p>8. The facility management must inform each resident of the name and way of contacting the primary physician responsible for his or her care.</p>	See rating above	
<p>9. Notification of changes:</p>	<u>(N) Not Met</u>	Review of several clinical records of residents transferred to acute hospital, residents with changes in health status (i.e. decline or improvement) and

<p>i. Facility management must immediately inform the resident; consult with the primary physician; and if known, notify the resident's legal representative or an interested family member when there is:</p> <p>A. An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>B. A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>C. A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment);</p> <p>D. A decision to transfer or discharge the resident from the facility as specified in § 51.80(a) of this part.</p> <p>ii. The facility management must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is:</p> <p>A. A change in room or roommate assignment as specified in § 51.100 (f)(2); or</p> <p>B. A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>iii. The facility management must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	<p>M P N NA</p>	<p>residents experiencing occurrences such as falls lacked documentation that the facility notified the resident's legal representative or family member of the changes.</p> <p>Findings include:</p> <p>Chart review revealed inconsistencies in documentation of "notification of changes"for Residents #4,10,19, 20,21,22,24. Investigated further through staff interview (RNs, SRNs, and MD) and review of policy and practices. Additional findings: As per facility policy on "Change in Condition Notification NSG 14-060" there is no mention of notification of the resident, resident's legal representative or an interested family member. "Facility's Medical Staff Rules and Regulations" states:</p> <p>2.2 Notification of Patient's Next -of-Kin indicated admitting physician to notify patient's next-of-kin.</p> <p>Plan of Correction: Facility Management will immediately inform the resident, or the resident's legal representative when there is a significant change requiring physician intervention; significant change in the patient's plan of care or change of residence or change in level of care.</p> <p>Medical Staff Policy 2.2 "Notification of Patient's Next- of-Kin" states The admitting physician will notify the patients next-of-kin whenever there is a change to a higher level of care; when the member is seriously ill; involved in a serous accident to injury or is transferred to another facility. In all circumstances, next-of-kin will not be notified if the patient specifically requests "non-notification" and is deemed capable to do so. This request will be authenticated by a progress note in the patient's chart.</p> <p>The Chief Medical Officer will in-service Staff physicians with respect to their specific notification responsibilities as outlined by Medical Staff Policy 2.2 "Notification of Patient's Next-of-Kin.</p> <p>Monitor: The Chief Medial Officer will monitor 30 medial charts for compliance with next-of kin notification reporting to the Quality Management Committee.</p> <p>Completion Date: 10/23/09</p>
<p>c. Protection of resident funds.</p> <p>1. The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility.</p> <p>2. Management of personal funds. Upon written authorization of a resident, the facility management must</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(6) of this section.		
<p>3. Deposit of funds.</p> <p>i. Funds in excess of \$100. The facility management must deposit any resident's personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>ii. Funds less than \$100. The facility management must maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>4. Accounting and records. The facility management must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>i. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>ii. The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>5. Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility management must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>6. Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>d. Free Choice. The resident has the right to:</p>	<p><u>(M) MET</u></p>	

<ol style="list-style-type: none"> 1. Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and 2. Unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment. 	<p>M P N NA</p>	
<p>e. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <ol style="list-style-type: none"> 1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident. 2. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility; 3. The resident's right to refuse release of personal and clinical records does not apply when: <ol style="list-style-type: none"> i. The resident is transferred to another health care institution; or ii. Record release is required by law. 	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on random observation of sampled and non-sampled residents, the facility failed to promote the right to personal privacy during medical treatment and personal care. Findings include:</p> <p>-On 8/18/09 at 4:25 PM, Unit 1 in Memory Care during medication administration via PEG, the surveyor had to remind the RN to pull privacy curtain around the resident's bed prior to checking tube placement.</p> <p>- While passing by the room of a non-sampled resident on 8/20/09 around 10 AM Unit 1C observed staff performing a procedure without pulling privacy or closing door exposing resident to passerby.</p> <p>Plan of Correction: The facility will continue to provide residents with an environment that protects their right to personal privacy during medical treatment and personal care.</p> <p>During a facility wide unit based staff meeting, covering all shifts, in-service will be held presenting the Required Annual Review Module I, which summarizes all resident rights, including the right to privacy. This will focus on the provision of privacy during personal care and medical treatments. Staff will acknowledge their understanding by signing the inservice record.</p> <p>Monitor: SRN's, during environmental rounds, will observe and ensure resident privacy is maintained during provision of care.</p> <p>Completion date: 10/23/09</p>
<p>f. Grievances. A resident has the right to:</p> <ol style="list-style-type: none"> 1. Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and 2. Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

behavior of other residents.		
<p>g. Examination of survey results. A resident has the right to:</p> <ol style="list-style-type: none"> 1. Examine the results of the most recent VA survey with respect to the facility. The facility management must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and 2. Receive information from agencies acting as clinical advocates, and be afforded the opportunity to contact these agencies. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>h. Work. The resident has the right to:</p> <ol style="list-style-type: none"> 1. Refuse to perform services for the facility; 2. Perform services for the facility, if he or she chooses, when: <ol style="list-style-type: none"> i. The facility has documented the need or desire for work in the plan of care; ii. The plan specifies the nature of the services performed and whether the services are voluntary or paid; iii. Compensation for paid services is at or above prevailing rates; and iv. The resident agrees to the work arrangement described in the plan of care. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>i. Mail. The resident has the right to privacy in written communications, including the right to:</p> <ol style="list-style-type: none"> 1. Send and promptly receive mail that is unopened; and 2. Have access to stationery, postage, and writing implements at the resident's own expense. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>j. Access and visitation rights.</p> <ol style="list-style-type: none"> 1. The resident has the right and the facility management must provide immediate access to any resident by the following: <ol style="list-style-type: none"> i. Any representative of the Under Secretary for Health; 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<ul style="list-style-type: none"> ii. Any representative of the State; iii. Physicians of the resident's choice; iv. The State long-term care ombudsman; v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time; and vi. Others who are visiting subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time. <p>2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.</p> <p>3. The facility management must allow representatives of the State Ombudsman Program, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.</p>		
<p>k. Telephone. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>l. Personal property. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>m. Married couples. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>n. Self-Administration of drugs. An individual resident may self-administer drugs if the interdisciplinary team, as defines by § 51.110(d)(2)(ii) of this part, has determined that this practice is safe.</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on clinical record review, the facility failed to document evaluation of an interdisciplinary team's determination that it was safe for residents to administer their own medications. Findings include: Resident #26 had an order for Ocean Nasal Spray at his bedside. The required completed Pharmacy and Nursing Education forms were not found in his chart (nor located in a search of his stored record). Resident #2 had orders for self-administration for six medications for which</p>

		<p>there was no "Consent to Self-Administration of Drugs" (form VH-PH-2) as per Pharmacy policy Chapter V page 10 nor was there the form "Interdisciplinary Evaluation of Self-Administration of Medications" as per Pharmacy Policy Chapter V page 11-12 found in the chart.</p> <p>Resident #3 had a self administration order for Beconase inhaler, however , there was no Consent to Self-Administration of Drugs" (form VH-PH-2) as per Pharmacy Policy, Chapter V, Page 10; nor was there the form, "Interdisciplinary Evaluation of Self-Administration of Medications," as per Pharmacy Policy, Chapter V, Pages 11-12, found in the chart.</p> <p>Plan of Correction: The facility will delete Pharmacy Policy VH-PH-2 referecning "Concent to Self-Administtion of Drugs" forms. During a facility wide unit based staff meeting, covering all shifts, inservice will be held presenting the revised Nursing policy NSG 13-150 Medication Self Administration. This will focus on ensuring the IDT meets, evaluates, and makes a decision related to resident self-administration of medications. An "Interdisciplinary Evaluation of (medication) Self-Administration" will be completed at the request of the Resident and maintained in the permanent medical record. Staff will acknowledge their understanding by signing the inservice record.</p> <p>Monitor: Medication Self Administration will be reviewed during IDT to review resident safety in self medicating, document findings, and take appropriate action.</p> <p>Completion Date 10/23/09</p>
<p>§ 51.80 Admission, transfer and discharge rights.</p> <p>a. Transfer and discharge:</p> <ol style="list-style-type: none"> 1. Definition. Transfer and discharge includes movement of a resident to a bed outside of the facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same facility. 2. Transfer and discharge requirements. The facility management must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: <ol style="list-style-type: none"> i. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home; ii. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home; iii. The safety of individuals in the facility is endangered; 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<ul style="list-style-type: none"> iv. The health of individuals in the facility would otherwise be endangered; v. The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility; or vi. The nursing home ceases to operate. 		
<p>3. Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (a)(2)(i) through (a)(2)(vi) of this section, the primary physician must document in the resident's clinical record.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>4. Notice before transfer. Before a facility transfers or discharges a resident, the facility must:</p> <ul style="list-style-type: none"> i. Notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<ul style="list-style-type: none"> ii. Record the reasons in the resident's clinical record; and iii. Include in the notice the items described in paragraph (a)(6) of this section. 	<p>See rating above</p>	
<p>5. Timing of the notice.</p> <ul style="list-style-type: none"> i. The notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged, except when specified in paragraph (a)(5)(ii) of this section; ii. Notice may be made as soon as practicable before transfer or discharge when: <ul style="list-style-type: none"> A. The safety of individuals in the facility would be endangered; B. The health of individuals in the facility would be otherwise endangered; C. The resident's health improves sufficiently so the resident no longer needs the services provided by the nursing home; D. The resident's needs cannot be met in the nursing home. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>6. Contents of the notice. The written notice specified in paragraph (a)(4) of this section must include the</p>	<p><u>(M) MET</u></p>	

<p>following:</p> <ul style="list-style-type: none"> i. The reason for transfer or discharge; ii. The effective date of transfer or discharge; iii. The location to which the resident is transferred or discharged; iv. A statement that the resident has the right to appeal the action to the State official designated by the State; and v. The name, address and telephone number of the State long term care ombudsman. 	<p>M P N NA</p>	
<p>7. Orientation for transfer or discharge. A facility management must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>b. Notice of bed-hold policy and readmission.</p> <ul style="list-style-type: none"> 1. Notice before transfer. Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility management must provide written information to the resident and a family member or legal representative that specifies: <ul style="list-style-type: none"> i. The duration of the facility's bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; and ii. The facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section permitting a resident to return. 2. Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, facility management must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. 3. Permitting resident to return to facility. A nursing facility must establish and follow a written policy under which a resident, whose hospitalization or therapeutic leave exceeds the bed-hold period is readmitted to the facility immediately upon the first availability of a bed in a semi-private room. If the resident requires the services provided by the facility. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<p>c. Equal access to quality care. The facility management must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for all individuals regardless of source of payment.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>d. Admissions policy. The facility management must not require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract to pay the facility from the resident's income or resources.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.90 Resident behavior and facility practices.</p> <p>a. Restraints.</p> <ol style="list-style-type: none"> 1. The resident has a right to be free from any chemical or physical restraints imposed for purposes of discipline or convenience. When a restraint is applied or used, the purpose of the restraint is reviewed and is justified as a therapeutic intervention. <ol style="list-style-type: none"> i. Chemical restraint is the inappropriate use of a sedating psychotropic drug to manage or control behavior. ii. Physical restraint is any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body. Bed rails and vest restraints are examples of physical restraints. 2. The facility management uses a system to achieve a restraint-free environment. 3. The facility management collects data about the use of restraints. 4. When alternatives to the use of restraint are ineffective, restraint is safely and appropriately used. 	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>During the initial tour surveyors noted several residents with seat belts/ lap belts/ mobility monitor belts.</p> <p>Reviewed five charts of residents #s 10, 20, 21, 4 using self releasing seatbelts/ lap belts / mobility monitor belts. Observed two out of five residents unable to easily release belts upon request. Medical records of the two residents were reviewed found no evidence of : physician's order, informed consent for physical restraint usage, assessment for appropriate use of physical restraint, care plan reflective physical restraint use and attempts of least restrictive interventions/measures.</p> <p>Plan of Correction: The facility will continue to provide for residents' rights to be restraint free and ensure that when a restraint is utilized, the purpose of the restraint is reviewed and justified as a therapeutic intervention. All residents using self releasing belts in the facility have been reassessed for their ability to self release their lap belts. The two residents observed were identified as unable to self release therefore physician orders for the use of a restraint obtained, consents for the use of restraints acquired, and nursing care plans updated reflecting the safe use of restraints. All residents currently using self releasing lap belts will be evaluated on a weekly basis to assess their ongoing ability to self release. Any residents that are unable to self release will be reassessed for the need for ongoing use of restraints and the appropriate documentation will occur VH Policy 18-040 Physical Rstraints.</p> <p>During a facility wide unit based staff meeting, covering all shifts, inservice will be held presenting the VH Policy 18-040 Physical Restraints and VH 18-041 Restraint Reduction. This will focus on reduction in the use of restraints, residents' right to be restraint free, required documentation in the use of restraints, weekly monitoring for self releasing belts and need for return demo by residents. Staff will acknowledge their understanding by</p>

		<p>signing the in-service record.</p> <p>Monitor: All residents currently using self releasing lap belts will be evaluated on a weekly basis to assess their ongoing ability to self release. Any residents that are unable to self release will be reassessed for the need for ongoing use of restraints and the appropriate documentation will occur</p> <p>VH Policy 18-040 Physical Rstraints</p> <p>Completion Date 10/23/09</p>
<p>b. Abuse. The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion.</p> <p>1. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.</p> <p>2. Physical abuse includes hitting, slapping, pinching or kicking. Also includes controlling behavior through corporal punishment.</p> <p>3. Sexual abuse includes sexual harassment, sexual coercion, and sexual assault.</p> <p>4. Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>placing the individual in unsafe or unsupervised conditions.</p> <p>5. Involuntary seclusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative.</p>	<p>See rating above</p>	
<p>c. Staff treatment of residents. The facility management must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The facility management must:</p> <p>i. Not employ individuals who:</p> <p>A. Have been found guilty of abusing, neglecting, or mistreating individuals by a court of law; or</p> <p>B. Have had a finding entered into an applicable State registry or with the applicable licensing</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<p>authority concerning abuse, neglect, mistreatment of individuals or misappropriation of their property; and</p> <p>ii. Report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>2. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures.</p> <p>3. The facility management must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>4. The results of all investigations must be reported to the administrator or the designated representative and to other officials in accordance with State law within 5 working days of the incident, and appropriate corrective action must be taken if the alleged violation is verified.</p>		
<p>§ 51.100 Quality of Life.</p> <p>A facility management must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p>a. Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>b. Self-determination and participation. The resident has the right to:</p> <p>1. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans for care;</p> <p>2. Interact with members of the community both inside and</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

outside the facility; and		
3. Make choices about aspects of his or her life in the facility that are significant to the resident.		
c. Resident Council. The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the management of the facility by the council.	<u>(M) MET</u> M P N NA	
d. Participation in resident and family groups. 1. A resident has the right to organize and participate in resident groups in the facility; 2. A resident's family has the right to meet in the facility with the families of other residents in the facility; 3. The facility management must provide the council and any resident or family group that exists with private space; 4. Staff or visitors may attend meetings at the group's invitation;	<u>(M) MET</u> M P N NA	
5. The facility management must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; 6. The facility management must listen to the views of any resident or family group, including the council established under paragraph (c) of this section, and act upon the concerns of residents, families, and the council regarding policy and operational decisions affecting resident care and life in the facility.	See rating above	
e. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. The facility management must arrange for religious counseling by clergy of various faith groups.	<u>(M) MET</u> M P N NA	

<p>f. Accommodation of needs. A resident has the right to:</p> <ol style="list-style-type: none"> 1. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and 2. Receive notice before the resident's room or roommate in the facility is changed. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>g. Patient activities.</p> <ol style="list-style-type: none"> 1. The facility management must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<ol style="list-style-type: none"> 2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: <ul style="list-style-type: none"> - Is licensed or registered, if applicable, by the State in which practicing; and - Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>h. Social Services.</p> <ol style="list-style-type: none"> 1. The facility management must provide medically related social services to attain or maintain the highest practicable mental and psychosocial well being of each resident; 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<ol style="list-style-type: none"> 2. A nursing home with 100 or more beds must employ a qualified social worker on a full-time basis; 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<ol style="list-style-type: none"> 3. Qualifications of social worker. A qualified social worker is an individual with: <ol style="list-style-type: none"> i. A bachelor's degree in social work from a school accredited by the Council of Social Work Education; and <p>Note: A master's degree social worker with</p> 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<p>experience in long-term care is preferred.</p> <p>ii. A social work license from the State in which the State home is located, if offered by the State; and</p> <p>iii. A minimum of one year of supervised social work experience, in a health care setting working directly with individuals.</p>		
<p>4. The facility management must have sufficient support staff to meet patient's social services needs.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>5. Facilities for social services must ensure privacy for interviews.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>i. Environment. The facility management must provide:</p> <p>1. A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on observations on all days of the survey (8/17-8/21/09) the facility failed to provide a clean and homelike environment. Findings include:</p> <p>On all days of the survey dining rooms were observed in the facility. There was no preparation made to cue the residents that the rooms were no longer activity rooms and were now dining rooms (no tablecloths, flowers, music, etc.).</p> <p>While conducting interviews in the Eisenhower Building on 8/16/09 the following observations were made: At 10:00 while interviewing resident 5 in Room 8, surveyor noted the floor next to resident's 5 bed was dirty. Resident commented "it's been like that for 2 days". (Surveyor requested the floor be cleaned).</p> <p>While conducting an interview with clinical staff in the Family Conference Room the floor in the room was noticeable dirty. Its appearance was confirmed by the clinical staff</p> <p>Plan of Correction: Therapeutic Activities will provide artificial flowers, signage to put on each door, and some seasonal décor for the (dining) and general use rooms within the SNF Unit. Therapeutic Activities will clearly note when the dining room is used for the purposes of "Therapeutic Activities".</p> <p>Monitor: Chief of Therapeutic Activities will perform monthly monitors to ensure proper use of Resident Space for Therapeutic Activities.</p> <p>Completion Date: 10/23/09</p> <p>Plan of Correction: Sanitation will maintain a safe, clean, sanitary, orderly and comfortable environment. Sanitation is dedicated to providing cleaning and disinfecting of areas daily to prevent the spread of germs and disease. All licensed areas are staffed and cleaned 7 days per week, on going. We also provide immediate response to spills and emergency clean-ups, for off shifts. Resident Council meetings are given immediate response as time and situation allows. Disinfection is performed daily. Other work such as</p>

		stripping/waxing/buffing/ furniture moves, etc is scheduled and prioritized. Priority is given first to special needs and health/safety/and infection control issues (isolation cleaning, outbreak cleaning, such as scabies or flu viruses); second to resident living areas. Monitor: All areas are monitored by the Sanitation Supervisor in daily rounds and written monthly inspections. Sanitation inspection data will be presented quarterly at the facilities Support Services Quality Improvement Committee for review. Completion Date 10/23/09
2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	<u>(M) MET</u> M P N NA	
3. Clean bed and bath linens that are in good condition;	<u>(M) MET</u> M P N NA	
4. Private closet space in each resident room, as specified in § 51.200 (d)(2)(iv) of this part;	<u>(M) MET</u> M P N NA	
5. Adequate and comfortable lighting levels in all areas;	<u>(M) MET</u> M P N NA	
6. Comfortable and safe temperature levels. Facilities must maintain a temperature range of 71-81 degrees F.; and	<u>(M) MET</u> M P N NA	
7. For the maintenance of comfortable sound levels.	<u>(M) MET</u> M P N NA	
§ 51.110 Resident assessment. The facility management must conduct initially, annually and as required by a change in the resident's condition a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity. a. Admission orders. At the time each resident is admitted, the facility management must have physician orders for the resident's immediate care and a medical assessment, including a	<u>(M) MET</u> M P N NA	

medical history and physical examination, within a time frame appropriate to the resident's condition, not to exceed 72 hours after admission, except when an examination was performed within five days before admission and the findings were recorded in the medical record on admission.		
<p>b. Comprehensive assessments.</p> <p>1. The facility management must make a comprehensive assessment of a resident's needs;</p> <p>i. Using the Health Care Financing Administration Long Term Care Resident Assessment Instrument Version 2.0; and</p> <p>ii. Describing the resident's capability to perform daily life functions, strengths, performances, needs as well as significant impairments in functional capacity.</p> <p>iii. All nursing homes must be in compliance with this standard by no later than January 1, 2000.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>2. Frequency. Assessments must be conducted:</p> <p>i. No later than 14 days after the date of admission;</p> <p>ii. Promptly after a significant change in the resident's physical, mental, or social condition; and</p> <p>iii. In no case less often than once every 12 months.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>3. Review of Assessments. The nursing facility management must examine each resident no less than once every 3 months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>4. Use. The results of the assessment are used to develop, review, and revise the resident's individualized comprehensive plan of care, under paragraph (d) of this section.</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on review of clinical records, the facility failed to use the assessments to develop review, and revise the resident's individualized plan of care. Assessments are supposed to be conducted prior to finalizing the Resident Assessment Protocols and the comprehensive care plan. Any changes that occur are to be captured by the assessment and care planning process. Findings include:</p> <p>Resident #22's clinical record noted a comprehensive Annual Assessment with ARD of 07/11/09, Section R2b dated 7/20/09- marked assessment completion. Annual RAP Assessment Summary dated 7/14/09, this document was written prior to completion of assessment which impacts on the accuracy/appropriateness in the development of comprehensive care plan.</p> <p>Resident #4's clinical record noted a comprehensive Annual Assessment with ARD of 06/23/09, Section R2b dated 6/26/09- marked assessment</p>

		<p>completion. Annual RAP Assessment Summary dated 6/24/09, this document was written prior to completion of assessment which impacts on the accuracy/appropriateness in the development of comprehensive care plan.</p> <p>Resident # 4 was readmitted with foley catheter, care plan not reflective of the presence of the device.</p> <p>Resident # 24 came back from acute hospitalization with diagnosis of resolved fecal impaction, careplan not reflective of preventative interventions to avoid fecal impaction recurrence.</p> <p>Plan of Correction: The facility will continue to use assessments to develop, and revise the resident's individualized plan of care.</p> <p>The facility will follow the RAI Process as defined in the MDS Manual for the assessment , RAPs , and Care Planning. All disciplines will attend an in-service conducted by Nursing Education and the MDS Coordinator. This in-service will focus on the proper sequence of MDS assessment, RAP Summary, and Nursing Care Planning. The facility MDS Coordinator will monitor MDS completed and submitted by the Veterans Home of Yountville to ensure compliance. Additionally, the facility is pursuing the hiring of MDS Nurses to coordinate the MDS process of planning, timing, completeness, accuracy, and proper sequencing of related events.</p> <p>Monitor: The facility MDS Coordinator will monitor MDS completed and submitted by the Veterans Home of Yountville to ensure compliance.</p> <p>Regarding Resident #4: Resident 4's Foley catheter was discontinued.</p> <p>Regarding Resident #24 Plan of Correction: Resident 24's Nursing Care plan was updated to include the following interventions related to preventing a recurrence of fecal impaction; miralax daily, DSS 250 BID, Senna 2 tabs at 1800, MOM 30cc prn, monitor bowel movement for frequency and type, ensure normal bowel pattern is maintained, assess/monitor abdomen for distension and pain, ensure adequate hydration,, assess for constipation ensure good bowel movement daily, if no bowel movement for 2 days notify MD immediately, refer to GI Clinic as indicated.</p> <p>Monitor: Resident 24's bowel status will be assessed daily and any signs of constipation will be aggressively treated until resolved.</p> <p>Date of Completion: 10/23/09</p>
<p>c. Accuracy of assessments.</p> <p>1. Coordination.</p> <p>i. Each assessment must be conducted or coordinated with the appropriate participation of health professionals.</p> <p>ii. Each assessment must be conducted or coordinated by a registered nurse that signs and certifies the</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on clinical record review, the facility failed to coordinate assessments:</p> <p>Total number of assessments reviewed 19 (comprehensive and quarterlies) of the following resident #s 20, 21, 4, 22, 24, 25, 19, 23.</p> <p>Most of the assessments reviewed were not conducted or coordinated with appropriate participation of health professionals as reflected in section AA9 of the MDS. Individuals who collected or coordinated collection of information to complete MDS assessment must sign Section AA9 by filling out the following: signature and title of the person who assessed</p>

<p>completion of the assessment.</p> <p>2. Certification. Each person who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p>		<p>/coordinated/ collected data indicating sections completed as well as the date of completion of the specific section/s. In most instances found 1, 2, 3 signatures in this section, sections not completed or inappropriately filled out and in some cases undated.</p> <p>Several assessments noted RN certifying completion of the assessment dated Section R2b prior to other participants of the assessment process completed their respective sections. Examples:</p> <p>Resident # 20 Quarterly Assessment R2b dated 10/31/08, Section AA9 RD's date 11/3/08.</p> <p>Resident #25 Quarterly Assessment ARD 5/25/09, R2b 5/29/09 Section AA9 dates 4/15/09, 4/28/09, 5/20/09.</p> <p>Some of the comprehensive assessments RAPS written before RN coordinator certified completion of assessment as indicated in R2b.</p> <p>Also observed that written resident assessment protocol summary "triggered RAP Problem Area " not reflective of utilization of RAP guidelines to identify areas needing further assessment.</p> <p>Also observed participants completing assessment prior to ARD (assessment reference date) which is the last day of MDS observation period.</p> <p>Completing assessment prior to ARD will lead to inaccuracies/ inconsistencies of assesment which impacts on careplanning decision making.</p> <p>Plan of Correction: The facility will continue to coordinate all assessments with the participation of health professionals as reflected in section AA9 of the MDS. Section AA9 will have the signature and title of the person who assessed, coordinated, collected data. All sections will be completed and include the date of completion.</p> <p>The facility will follow the RAI Process as defined in the MDS Manual for the assessment , RAPs , and Care Planning. All disciplines will attend an inservice conducted by Nursing Education and the MDS Coordinator. This inservice will focus on the proper sequence of MDS assessment (coordination), Rap Summary, Nursing Care Planning, and complete and accurate documentation of all disciplines. Additionally, the facility is pursuing the hiring of MDS Nurses to coordinate the MDS process of planning, timing, accurate documentation.</p> <p>Monitor: MDS Coordinator will monitor MDS completed and submitted by the Veterans Home of Yountville to ensure compliance.</p> <p>Date of Completion: 10/23/09</p>
<p>d. Comprehensive care plans.</p> <p>1. The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following:</p> <p>i. The services that are to be furnished to attain or</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on review of clinical records, the facility failed to provide</p> <p>comprehensive care planst that described services to attain or maintain</p>

<p>maintain the resident's highest practicable physical,</p>		<p>the resident's highest practicable well-being. Findings include:</p> <p>Resident # 23 CP goal " Skin, breakdown, prevented/ healed." Resident receiving treatment for stage IV wound on the right buttock/gluteal and coccyx area. Goal of prevention won't be appropriate when an actual problem is in existence.</p> <p>Plan of Correction: The facility will continue to provide comprehensive care plans that describe services to attain or maintain the resident's highest practicable well-being.</p>
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<p>mental, and psychosocial well-being as required under § 51.120; and</p> <p>ii. Any services that would otherwise be required under § 51.120 of this part but are not provided due to the resident's exercise of rights under § 51.70, including the right to refuse treatment under § 51.70(b)(4) of this part.</p>	See rating above	
<p>2. A comprehensive care plan must be:</p> <p>i. Developed within 7 calendar days after completion of the comprehensive assessment;</p> <p>ii. Prepared by an interdisciplinary team, that includes the primary physician, a registered nurse with responsibility for the resident, and other appropriate</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on clinical record review, the facility failed to have a comprehensive care plan prepared by an interdisciplinary team and the participation of the resident or resident's family. Findings include:</p> <p>The documentation for the interdisciplinary team conference held on 4/21/2009 for Resident #1 stated that problem #3 was "Potential risk for injury related to high fall risk." The "Team Recommendations" section</p>

<p>staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and</p> <p>iii. Periodically reviewed and revised by a team of qualified persons after each assessment.</p>		<p>stated: "Have resident become wheel-chair dependent with RN +, self-releasing seat belt and alarming seat belt." There was no indication in the "Resident Attendance" or the "Family or Representative" section of the Interdisciplinary Team Conference form that the resident or the family had been invited to the care planning session. There was no documentation that the team had discussed with either the resident or the resident's family whether or not the resident and his family were willing to take the informed risk of having the resident fall but maintain his physical independence or that the resident and/or family agreed that the benefit of the resident becoming wheelchair dependent outweighed any dignity or quality of life concerns.</p> <p>Resident 7 has an indwelling foley catheter due to a Neurogenic Bladder. Review of his Care Plan identifies this as the problem, the Goal is (his) Urinary Output will be adequate. A definition of adequate output is not provided.</p> <p>Documentation review of the standardized Interdisciplinary Team Conference Form for the past 6 months depicted the following:</p> <p>Resident 26 - problems identified included Activity Deficit and Discharge Plan. There was no written documentation of written Team Discussion or Team Recommendation(s).</p> <p>Resident 27 - problems identified included Cognitive Impairment and Sensory/Perceptual Impairment. There was no written documentation of Team Discussion nor Team Recommendation(s).</p> <p>Resident 28 - problems identified included Health Maintenance Monitor and Pain R/T Inflammation Facial Nerve R/T Bell's Palsy. There was no written documentation of Team Discussion nor Team Recommendation(s).</p> <p>The following resident # 20, 21, 4, 22, 24, 25, 19, 23, interdisciplinary care planning team meeting intended to develop and complete resident's comprehensive plan of care is being held after the date in VB 4. VB4 is the date that marks completion of careplanning decisions.</p> <p>Plan of Correction: The facility will continue to build comprehensive care plans prepared by an interdisciplinary team; Social Services, Medicine, Dietary, Therapeutic Activities, Rehabilitation, Nursing and the participation of the resident or resident's family.</p> <p>Regarding Resident 7: The nursing care plan will be amended to include "urine output and po input will be monitored for adequate hydration status" this will be monitored by periodic labs, monitor I and O, assess resident for signs and symptoms of dehydration. A Registered Dietician will assess Resident 7 and determine adequate hydration requirements in order estimate appropriate output parameter.</p> <p>Regarding Resident 26: At the next IDT, SRN will ensure the team documents their discussion relevant to Activity Deficit and Discharge Planning, with appropriate Team Recommendation(s).</p>
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<p>3. The services provided or arranged by the facility must:</p> <p>i. Meet professional standards of quality; and</p> <p>ii. Be provided by qualified persons in accordance with each resident's written plan of care.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>e. Discharge summary. Prior to discharging a resident, the facility management must prepare a discharge summary that includes:</p> <p>1. A recapitulation of the resident's stay;</p> <p>2. A summary of the resident's status at the time of the discharge to include items in paragraph (b)(2) of this section; and</p> <p>3. A post discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.120 Quality of care.</p> <p>Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable</p>	<p><u>(M) MET</u></p>	

<p>physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>a. Reporting of Sentinel Events:</p> <ol style="list-style-type: none"> 1. Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function. 2. Examples of sentinel events are as follows: <ol style="list-style-type: none"> i. Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error; or ii. Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; or iii. Any elopement of a resident from the facility resulting in a death or a major permanent loss of function; or iv. Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or v. Assault, homicide or other crime resulting in patient death or major permanent loss of function; or vi. A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall. 3. The facility management must report sentinel events to the director of the VA medical center of jurisdiction within 24 hours of identification. 	<p>M P N NA</p>	
<ol style="list-style-type: none"> 4. The facility management must establish a mechanism to review and analyze a sentinel event resulting in a written report no later than 10 working days following the event. <ol style="list-style-type: none"> i. Goal. The purpose of the review and analysis of a sentinel event is to prevent injuries to residents, visitors, and personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and facility. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>b. Activities of daily living. Based on the comprehensive assessment of a resident, the facility management must ensure that:</p>	<p><u>(M) MET</u></p>	

<p>1. A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to:</p> <ul style="list-style-type: none"> i. Bathe, dress, and groom; ii. Transfer and ambulate; iii. Toilet; iv. Eat; and v. Talk or otherwise communicate. 	<p>M P N NA</p>	
<p>2. A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (b)(1) of this section; and</p>	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on review of clinical records and interview, the facility failed to provide appropriate treatment and services to maintain or improve a resident's ability to eat. Findings include:</p> <p>On 8/14/09 @2:30 PM while conducting an interview with resident 7 he noted he was unable to eat certain meats due to ill fitting dentures, his dentures had been realigned but not to his satisfaction. He has had follow-up Dental appointments but this issue was not addressed.</p> <p>Plan of Correction: The facility will provide appropriate treatment and services in order to maintain or improve activities of daily living.</p> <p>Regarding Resident #7: Although the resident expressed his dissatisfaction to the Surveyor, the resident did not express or present his dissatisfaction to the facility. Resident #7 was seen by the Registered Dietitian on 06/29/09 and denied chewing difficulties. The resident was seen by the registered Dietitian on 09/14/09 and stated he chews most foods and declined a Dental Referral and denied difficulty chewing most foods. Was seen by Registered Dietitian on 09/17/09 again declining offers to facilitate denture repairs. 9/24/09 Dentist reviewed Dental and Medical chart. Resident 5'7" 192 lbs. Adjusted Resident's lower denture. Resident stated he gets along OK except when eating tough meats. Discussed with resident how to eat with dentures (to alleviate denture tipping). Was issued the phone number to access Dental services.</p> <p>Monitor: The Interdisciplinary Team team will continue to assess each resident's Plans of Care using the IDT process.</p> <p>Date of Completion: 10/23/09</p>
<p>3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>c. Vision and hearing. To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident:</p> <p>1. In making appointments; and</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.		
<p>d. Pressure sores. Based on the comprehensive assessment of a resident, the facility management must ensure that:</p> <ol style="list-style-type: none"> 1. A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and 2. A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>e. Urinary and Fecal Incontinence. Based on the resident's comprehensive assessment, the facility management must ensure that:</p> <ol style="list-style-type: none"> 1. A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and 2. A resident who is incontinent of urine receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
3. A resident who has persistent fecal incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible.	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on clinical record review, the facility failed to provide services to residents to restore as much normal bowel function as possible. Findings include:</p> <p>Resident #24's "Daily Patient Care Checklist" documented that the resident had a "small" bowel movement on 7/2/09 and 7/3/09 and a "medium" bowel movement on the 5th during the night shift. There were no other interventions even though the resident The resident still complained of constipation and was given a suppository @ 1430 on 7/5/09 but there was no result. There was no complete assesment of the resident's bowel status until the resident was transferred to the acute care hospital for abdominal distention on 7/6/09. The resident returned from the acute care hospital on 7/13/09 with a diagnosis of "resolved fecal impaction." There was nothing on the plan of care to ensure that the resident would not experience another episode of fecal impaction.</p> <p>Plan of Correction: Resident 24's Nursing Care plan was updated to include the following interventions related to preventing a recurrence of fecal</p>

		<p>impaction; miralax daily, DSS 250 bid, Senna 2 tabs at 1800, MOM 30cc prn, monitor bowel movement for frequency and type, ensure normal bowel pattern is maintained, assess/monitor abdomen for distension and pain, ensure adequate hydration, assess for constipation, ensure good bowel movement daily, if no bowel movement for 2 days notify MD immediately, refer to GI Clinic as indicated. Resident 24's bowel status will be assessed daily and any signs of constipation will be aggressively treated until resolved. Additionally, our Nursing Education Department will conduct a comprehensive continuing education class at the 1 CEU level, focusing on abdominal assessment, prevention and early identification of constipation, monitoring daily bowel habits, interventions related to treating constipation, documentation, and care planning. This class will be for licensed nursing staff.</p> <p>Date of Completion: 10/23/09</p>
<p>f. Range of motion. Based on the comprehensive assessment of a resident, the facility management must ensure that:</p> <ol style="list-style-type: none"> 1. A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and 2. A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>g. Mental and Psychosocial functioning. Based on the comprehensive assessment of a resident, the facility management must ensure that a resident, who displays mental or psychosocial adjustment difficulty, receives appropriate treatment and services to correct the assessed problem.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>h. Enteral Feedings. Based on the comprehensive assessment of a resident, the facility management must ensure that:</p> <ol style="list-style-type: none"> 1. A resident who has been able to adequately eat or take fluids alone or with assistance is not fed by enteral feedings unless the resident's clinical condition demonstrates that use of enteral feedings were 	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on observation, the facility failed to provide appropriate treatment to prevent aspiration pneumonia, etc. Findings include: Resident # 10 On 8/18/09 at 1625 the surveyor observed RN administer medication thru PEG. PEG placement was checked by the RN thru aspiration only, then the RN administered medication by pushing down the medication solution instead of via gravity as per facility policy. The facility policy also state to check PEG placement by aspiration and auscultation.</p> <p>Plan of Correction: The facility will continue to provide appropriate treatment to prevent aspiration pneumonia for residents receiving enteral feedings. Resident 10's respiratory status was assessed and he did not present with signs or symptoms of aspiration pneumonia. During a facility wide unit based staff meeting, covering all shifts, inservice will be held</p>

		<p>presenting the VH Policy 05-020 Enteral Therapy. This will focus on the prevention of aspiration pneumonia during enteral therapy. Correct placement and patency of the PEG tube will be confirmed prior to administration of fluids or medications by both auscultation and aspiration. Medications will be delivered via gravity. Staff will acknowledge their understanding by signing the inservice record.</p> <p>Monitor: SRN's will randomly monitor PEG tube placements and medication administration to ensure compliance.</p> <p>Completion Date 10/23/09</p>
<p>unavoidable; and</p> <p>2. A resident who is fed by enteral feedings receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal-pharyngeal ulcers and other skin breakdowns, and to restore, if possible, normal eating skills.</p>	See rating above	
<p>i. Accidents. The facility management must ensure that:</p> <p>1. The resident environment remains as free of accident hazards as is possible; and</p> <p>2. Each resident receives adequate supervision and assistance devices to prevent accidents.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>j. Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident:</p> <p>1. Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>2. Receives a therapeutic diet when a nutritional deficiency is identified.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>k. Hydration. The facility management must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>l. Special needs. The facility management must ensure that residents receive proper treatment and care for the following special services:</p> <p>1. Injections;</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<ul style="list-style-type: none"> 2. Parenteral and enteral fluids; 3. Colostomy, ureterostomy, or ileostomy care 4. Tracheostomy care; 5. Tracheal suctioning; 6. Respiratory care; 		
<ul style="list-style-type: none"> 7. Foot care; and 8. Prostheses. 	See rating above	
<p>m. Unnecessary drugs:</p> <ul style="list-style-type: none"> 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: <ul style="list-style-type: none"> i. In excessive dose (including duplicate drug therapy); or ii. For excessive duration; or iii. Without adequate monitoring; or iv. Without adequate indications for its use; or v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or vi. Any combinations of the reasons above. 	<p><u>(N) Not Met</u></p> <p>M P N NA</p>	<p>Based on review of clinical records, the facility failed to keep each resident's drug regimen free from unnecessary drugs. Findings include: Resident #1 had an order for mirtazapine (Remeron) 7.5 mg. orally at bedtime. There was no indication in the order for the mirtazapine. The medication administration sheet (MAR) had a sticker that stated "Anti-Depressant" Remeron was written in under "Medication" and there was a list of potential side effects. The sticker did not state why the resident was receiving this medication and did not identify any specific behaviors staff should be measuring. The staff ,nonetheless, were documenting "0" throughout all three shifts. This is a repeat deficiency.</p> <p>Plan of Correction: The facility will ensure residints are kept free of unnecessary drugs. Regarding Resident #1, the physician shall note the indication for mirtazapine, specific behaviors to monitor and potential side effects.</p> <p>The sticker that the surveyor reviewed is a sticker that addresses "side effects" of medication and does not deal with behaviors associated with the need for the medication. The zeroes the surveyor identified on the Medication Adminitration Records indicated that were no documented the side effects and not the behaviors.</p> <p>The physcian shall obtain "informed consent" prior to the initiation of administering psychotropic medication. The Physician shall note the relevant diagnosis and indication for use of a psychotropic medication when writing the order. The physician shall note the behaviors to monitor as well as the potential side effects. Nursing service will observe resident for noted behaviors and side effects, noting in the Medical Administration Record. An additional process for documentation of all resident care related issues, including the indication of use, dose adjustment (reduction, elimination, increasing) and necessity of psychotropic medication is the Interdisciplinary Team (IDT) Conference. The Chief Medcial Officer will in-service all physicians with respect to the expectations regarding the use of psychotropic</p>

		<p>medications. Pharmacy Services is available for consultation.</p> <p>Monitor: The Standards Compliance Coordinator will monitor the primary care provider's orders of psychotropic medications for "indication" and report to the Pharmacy Committee.</p> <p>Completion date: 10/23/09</p>
<p>2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that:</p> <p>i. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and</p> <p>ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	<p>Comment: Consent forms for antipsychotic use are outdated and do not contain the warning from FDA bulletins from April 2005 and June 16, 2008: "FDA is notifying healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis. In April 2005, FDA notified healthcare professionals that patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death. Since issuing that notification, FDA has reviewed additional information that indicates the risk is also associated with conventional antipsychotics</p> <p>Comments acknowledged, appreciated, and implemented.</p>
<p>n. Medication Errors. The facility management must ensure that:</p> <p>1. Medication errors are identified and reviewed on a timely basis; and</p> <p>2. Strategies for preventing medication errors and adverse reactions are implemented.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.130 Nursing Services.</p> <p>The facility management must provide an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing care needs, as determined by resident assessment and individualized comprehensive plans of care, of all patients within the facility 24 hours a day, 7 days a week.</p> <p>a. The nursing service must be under the direction of a full-time registered nurse who is currently licensed by the State and has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<p>b. The facility management must provide registered nurses 24 hours per day, 7 days per week.</p>	<p><u>(M) MET</u></p> <p>See staffing profile</p> <p>M P N NA</p>	
<p>c. The director of nursing services must designate a registered nurse as a supervising nurse for each tour of duty.</p> <ol style="list-style-type: none"> 1. Based on the application and results of the case mix and staffing methodology, the director of nursing may serve in a dual role as director and as an onsite-supervising nurse only when the facility has an average daily occupancy of 60 or fewer residents in nursing home. 2. Based on the application and results of the case mix and staffing methodology, the evening or night supervising nurse may serve in a dual role as supervising nurse as well as provides direct patient care only when the facility has an average daily occupancy of 60 or fewer residents in nursing home. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>d. The facility management must provide nursing services to ensure that there is a minimum direct care nurse staffing per patient per 24 hours, 7 days per week of no less than 2.5 hours.</p>	<p><u>(M) MET</u></p> <p>See staffing profile</p> <p>M P N NA</p>	
<p>e. Nurse staffing must be based on a staffing methodology that applies case mix and is adequate for meeting the standards of this part.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.140 Dietary Services.</p> <p>The facility management must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.</p> <ol style="list-style-type: none"> a. Staffing. The facility management must employ a qualified dietitian either full-time, part-time, or on a consultant basis. <ol style="list-style-type: none"> 1. If a qualified dietitian is not employed full-time, the facility management must designate a person to serve as the director of food service who receives at least a monthly scheduled consultation from a qualified dietitian. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

2. A qualified dietitian is one who is qualified based upon registration by the Commission on Dietetic Registration of the American Dietetic Association.		
b. Sufficient staff. The facility management must employ sufficient support personnel competent to carry out the functions of the dietary service.	<u>(M) MET</u> M P N NA	
c. Menus and nutritional adequacy. Menus must: 1. Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; 2. Be prepared in advance; and 3. Be followed.	<u>(M) MET</u> M P N NA	
d. Food. Each resident receives and the facility provides: 1. Food prepared by methods that conserve nutritive value, flavor, and appearance; 2. Food that is palatable, attractive, and at the proper temperature; 3. Food prepared in a form designed to meet individual needs; and 4. Substitutes offered of similar nutritive value to residents who refuse food served.	<u>(M) MET</u> M P N NA	
e. Therapeutic diets. Therapeutic diets must be prescribed by the primary care physician.	<u>(M) MET</u> M P N NA	
f. Frequency of meals. 1. Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. 2. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided in paragraph (f)(4) of this section.	<u>(M) MET</u> M P N NA	

<p>3. The facility staff must offer snacks at bedtime daily.</p> <p>4. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day, if a resident group agrees to this meal span, and a nourishing snack is served.</p>		
<p>g. Assistive devices. The facility management must provide special eating equipment and utensils for residents who need them.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>h. Sanitary conditions. The facility must:</p> <p>1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities;</p> <p>2. Store, prepare, distribute, and serve food under sanitary conditions; and</p> <p>3. Dispose of garbage and refuse properly.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.150 Physician services.</p> <p>A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.</p> <p>a. Physician supervision. The facility management must ensure that:</p> <p>1. The medical care of each resident is supervised by a primary care physician;</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>2. Each resident's medical record must list the name of the resident's primary physician; and</p> <p>3. Another physician supervises the medical care of residents when their primary physician is unavailable.</p>	<p>See rating above</p>	
<p>b. Physician visits. The physician must:</p> <p>1. Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;</p> <p>2. Write, sign, and date progress notes at each visit; and</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

3. Sign and date all orders.		
<p>c. Frequency of physician visits.</p> <ol style="list-style-type: none"> 1. The resident must be seen by the primary physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter, or more frequently based on the condition of the resident. 2. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. 3. Except as provided in paragraphs (c) (4) of this section, all required physician visits must be made by the physician personally. 4. At the option of the physician, required visits in the facility after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>d. Availability of physicians for emergency care. The facility management must provide or arrange for the provision of physician services 24 hours a day, 7 days per week, in case of an emergency.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>e. Physician delegation of tasks.</p> <ol style="list-style-type: none"> 1. Except as specified in paragraph (e)(2) of this section, a primary physician may delegate tasks to: <ol style="list-style-type: none"> i. A certified physician assistant or a certified nurse practitioner; or ii. A clinical nurse specialist who: <ol style="list-style-type: none"> A. Is acting within the scope of practice as defined by State law; and B. Is under the supervision of the physician. <p>Note: A certified clinical nurse specialist with experience in long term care is preferred.</p> 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

<p>2. The primary physician may not delegate a task when the regulations specify that the primary physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.160 Specialized rehabilitative services.</p> <p>a. Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech therapy, occupational therapy, and mental health services for mental illness are required in the resident's comprehensive plan of care, facility management must:</p> <ol style="list-style-type: none"> 1. Provide the required services; or 2. Obtain the required services from an outside resource, in accordance with § 51.210(h) of this part, from a provider of specialized rehabilitative services. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>b. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.170 Dental Services. A facility:</p> <ol style="list-style-type: none"> a. Must provide or obtain from an outside resource, in accordance with § 51.210 (h) of this part, routine and emergency dental services to meet the needs of each resident; b. May charge a resident an additional amount for routine and emergency dental services; c. Must, if necessary, assist the resident: <ol style="list-style-type: none"> 1. In making appointments; and 2. By arranging for transportation to and from the dental 	<p><u>(M) MET</u></p> <p>M P N NA</p>	

services; and 3. Promptly refer residents with lost or damaged dentures to a dentist.		
§ 51.180 Pharmacy services. The facility management must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in § 51.210 (h) of this part. The facility management must have a system for disseminating drug information to medical and nursing staff.	<u>(M) MET</u> M P N NA	
a. Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	<u>(M) MET</u> M P N NA	
b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: 1. Provides consultation on all aspects of the provision of pharmacy services in the facility; 2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	<u>(M) MET</u> M P N NA	
c. Drug regimen review. 1. The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. 2. The pharmacist must report any irregularities to the primary physician and the director of nursing, and these reports must be acted upon.	<u>(M) MET</u> M P N NA	
d. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the	<u>(M) MET</u>	

expiration date when applicable.	M P N NA	
<p>e. Storage of drugs and biologicals.</p> <p>1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>2. The facility management must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>§ 51.190 Infection Control.</p> <p>The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>a. Infection control program. The facility management must establish an infection control program under which it:</p> <p>1. Investigates, controls, and prevents infections in the facility;</p> <p>2. Decides what procedures, such as isolation, should be applied to an individual resident; and</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	

3. Maintains a record of incidents and corrective actions related to infections.		
<p>b. Preventing spread of infection:</p> <ol style="list-style-type: none"> 1. When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. 2. The facility management must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. 3. The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. 	<p><u>(P) Provisional Met</u></p> <p>M P N NA</p>	<p>Based on observation, the facility failed to ensure staff washed their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Findings include: On 8/19/09 in the Nursing Station of Ward 6 (Eisenhower Building) at approximately 10:30 AM, surveyor observed nurse administering oral medications. Medications were administered to two residents, the nurse didn't wash her hands in between residents.</p> <p>Plan of Correction: The facility will continue to require staff wash their hands after each direct resident contact for which hand hygiene is indicated by accepted professional practice.</p> <p>During facility wide unit based staff meetings covering all shifts, inservice will be provided presenting the VH Infection Control Policy 2.6: Hand Washing. This will focus on the prevention and transmission of infection producing micro-organisms between health workers and residents. Hand hygiene will occur after each direct resident contact. Staff will acknowledge their comprehension by signing the inservice record.</p> <p>Monitor: SRN's will randomly monitor medication passes to ensure compliance. On rounds the Infection Control Preventionist will observe and report to the SRN non-compliance regarding hand hygiene during medication pass. The Health and Safety Officer will round monthly to observe and report hand hygiene compliance to the Infection Control Committee.</p> <p>Completion Date: 10/23/09</p>
c. Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	<p><u>(M) MET</u></p> <p>M P N NA</p>	
§ 51.200 Physical environment.	Refer to Life Safety Report	

<p>The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.</p> <p>a. Life safety from fire. The facility must meet the applicable provisions of the 1997 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference).</p>		
<p>b. Emergency power.</p> <ol style="list-style-type: none"> 1. An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. 2. The system must be the appropriate type essential electrical system in accordance with the requirement of NFPA 99, Health Care Facilities. 3. When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities. 4. The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources per NFPA 99, Health Care Facilities. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>c. Space and equipment. Facility management must:</p> <ol style="list-style-type: none"> 1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and 2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>d. Resident rooms. Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of</p>	<p><u>(M) MET</u></p>	

<p>residents:</p> <ol style="list-style-type: none"> 1. Bedrooms must: <ol style="list-style-type: none"> i. Accommodates no more than four residents; ii. Measure at least 115 net square feet per resident in multiple resident bedrooms; iii. Measure at least 150 net square feet in single resident bedrooms; iv. Measure at least 245 net square feet in small double resident bedrooms; and v. Measure at least 305 net square feet in large double resident bedrooms used for spinal cord injury residents. It is recommended that the facility have one large double resident bedroom for every 30 resident bedrooms. vi. Have direct access to an exit corridor; vii. Be designed or equipped to assure full visual privacy for each resident; viii. Except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains; ix. Have at least one window to the outside; and x. Have a floor at or above grade level. 	<p>Existing home square Footage Review guidelines for Existing home and UFAS standards</p> <p>M P N NA</p>	
<ol style="list-style-type: none"> 2. The facility management must provide each resident with: <ol style="list-style-type: none"> i. A separate bed of proper size and height for the safety of the resident; ii. A clean, comfortable mattress; iii. Bedding appropriate to the weather and climate; and iv. Functional furniture appropriate to the resident's needs, and individual closet space in the resident's bedroom with clothes racks and shelves accessible to the resident. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<ol style="list-style-type: none"> e. Toilet facilities. Each resident room must be equipped with or located near toilet and bathing facilities. It is recommended that public toilet facilities be also located near the resident's dining and recreational areas. 	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<ol style="list-style-type: none"> f. Resident call system. The nurse's station must be equipped to receive resident calls through a communication system from: 	<p><u>(M) MET</u></p>	

<p>1. Resident rooms; and</p> <p>2. Toilet and bathing facilities.</p>	<p>M P N NA</p>	
<p>g. Dining and resident activities. The facility management must provide one or more rooms designated for resident dining and activities. These rooms must:</p> <p>1. Be well lighted;</p> <p>2. Be well ventilated;</p> <p>3. Be adequately furnished; and</p> <p>4. Have sufficient space to accommodate all activities.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>h. Other environmental conditions. The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must:</p> <p>1. Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>2. Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two;</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>3. Equip corridors with firmly secured handrails on each side; and</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	
<p>4. Maintain an effective pest control program so that the facility is free of pests and rodents.</p>	<p><u>(M) MET</u></p> <p>M P N NA</p>	